

In their introduction, the editors attempt to frame and explore what they consider the book's common theme, "the way 'care' is conceptualised and practised". They are keen to stress that the focus is not abstract ethical issues related to care but the real ways in which individuals and groups grapple with situations involving care. This is no constructed consensus, rather authors struggle in a discussion that extends and refines the caring boundaries. In their view health care models are socially constructed. Models of care, definitions of care, technology and its effect on care, gender roles in care, and the nature of care itself for the receiver, are amongst the issues that arise, and are discussed and explored in the chapters. As the editors acknowledge, however, it is very difficult to define this abstract concept, "care", and this difficulty is exemplified in the book. Indeed, the central question about the book is whether it does in fact achieve what it sets out to do in its title, notably to extend the idea of care, and relate it sufficiently to underlying ethical positions. The problem is that the concept of "care", has now come to hold a variety of meanings. Contrast the following two examples. The poignant and moving account given by a professor of anthropology (Judith Okely) of her mother's illness, her dying and her death embodies, for the author, an idea of care as compassion and kindness. This she illustrates by practical examples, such as "a voice of warmth" (page 39): the unseen voice on the telephone of a matron of "a geriatric ward" (*sic*) describing to the daughter the detail of the workings of her mother's catheter. Equally moving is the description of the care assistant who cried as the daughter cut a lock of her dead mother's hair as a remembrance. For another writer (Jan Savage), the focus is on the caregivers, how nurses understand "closeness". This gives rise to the author's argument that the moral basis of care involves that which is overtly political, in this case, the rights of nurses to greater autonomy. With so many different viewpoints on show, the editors recognise "the apparent chaos created by fragmenting of old boundaries" (page 11). Yet, what might be irreconcilable on paper, is certainly quite clear, even consensual, when care is needed in the reality of everyday life. Arguably, when you and I and our loved ones, whoever we are, from whichever gender, race, culture or society, have occasion to require "care", we will know, as Okely does, exactly what it is that we are receiving, and whether it is as we expect to receive it; and we may find that the "old boundaries" are not so fragmented as the editors of this book might think.

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Confidentiality and Mental Health

Edited by C Cordess. Jessica Kingsley Publications, 2001, £15.95 (pb), £47.50 (hbk), pp 201. ISBN 1853028592

The respect for confidentiality and the rhetoric about openness of information are in conflict in contemporary society, and the tone of the conflict is increasingly inflamed. The senior professions are the battleground. Medical ethics is in turmoil from this social trend, as well as from the high profile technical developments in genetics, transplant surgery, and reproductive technology. But in addition mental health has always had its inherent

problems over ethical practice since it has, to this day, inevitably retained some element of medical paternalism. This places practitioners in a position in which they have a responsibility for the care of their patient, but also a responsibility for the protection of society. The particular problems in mental health often have deep moral implications, that do not exist in general medicine.

Chris Cordess has produced a timely book in which he has written, with colleagues in the mental health, psychotherapy, forensic psychiatry and legal fields, 13 chapters on the current status of confidentiality, its protection and erosion. The chapters originated in a conference in 1998 with the same title as the book, and they are arranged largely according to the impact of the conflict on specific disciplines, rather than particular themes. But themes do recur through the text: the protection of children and third parties; the research use of case studies in journals and other publications; interdisciplinary and interagency exchange of information; the commercial interests of insurance companies and other organisations in the risk business; computer-stored records; disclosure in court and court reports, and so on.

The book is stuffed with the difficulties that are posed for practitioners and researchers by the social conflict over privacy and confidentiality. The professional consultation, not least in mental health, is aimed to be free of moral judgments; whilst public life is not. Traversing this boundary is difficult, and means that more complexities intrude into the interpersonal encounter, which is quite difficult enough already. Practitioners might resent these burdening intrusions; the suspicion always hovers over these pages that professionals might view the call for openness as having less beneficent and more prurient motives behind it. And this raises the concern that the book is special pleading by incommode practitioners. Nevertheless, two chapters by lawyers are sympathetic to the problem, one advocating a "legally enforceable right of confidence for patients involved in legislation" (page 147). A thoughtful piece from Bill Fulford provides the introduction. He makes the point that medical ethics has gone too far in seeking ever more general principles to which doctors and therapists should conform in practice. Mostly these aim to restrict and exclude medical paternalism. However, he concludes bitterly that there is a risk of an ethicists' paternalism, in which the claim that "the ethicist knows best" has taken over from "the doctor knows best". The wishes of patients for confidentiality do in most instances coincide with the beliefs of doctors. The pressure to limit the doctor's professional freedom of movement and to put his or her documents at the disposal of public scrutiny, neglects the clinical alliance and partnership between doctor and patient. Rules and regulations deriving from ethical principles need to be balanced. Because of the variety of different values, especially in mental health, between disciplines and cultures, principles need to be augmented by a process-focused consideration of individual cases.

Medical ethics has always stood for values being a part of medical practice as well as scientific facts. This is no less the case in mental health; in fact it is more so since one could argue that values are themselves the raw material on which the "science" of psychiatry must operate. Such a reflective complexity may justify mental health as being in a category of its own within professional and

medical ethics. The claim to be a special case is never very distant from this text, and should be listened to by ethicists; whilst all clinicians will find the important issues readily accessible here.

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Informed Consent in Medical Research

Edited by L Doyal, J S Tobias. BMJ Books, 2001, £50.00 (hbk), pp 336. ISBN 0-7279-1486-3

Debates over research ethics have until recently revolved around two related questions: the voluntary, informed consent of subjects, and the appropriate relationship between risk and benefit to subjects in the experiment. Recently more attention has been paid to issues of justice in research studies, especially in the international arena, and to issues of the scientific and financial probity of researchers. Yet these new foci augment rather than supplant the traditional focus on consent, since arguably "the rights and wellbeing of the subject take precedence over the interests of science and society", as the Declaration of Helsinki (still) puts it.

Clinically the difficulties of obtaining the informed consent of subjects to participation in research remain one of the more difficult barriers to research. Recently this issue has become more fraught in non-clinical research also, with complex debates over consent to the use and reuse of clinical information or stored tissue samples in epidemiological and genetic research. The trade-off between public interest in the development of epidemiological research and the rights of individuals to decline participation in such research remains precarious. The possibility that a surgeon might need to explain not only randomisation and equipoise between surgical procedures, but also the possible commercial exploitation of tissue samples extracted from surgical waste gives most thoughtful people pause at the difficulty of this process and the complex way in which scientific, therapeutic, and commercial elements are entwined in it willy nilly. The need for a general guidebook to the range of practical ethical problems in consent in research is profound, since most books and articles cover at most a small subgroup of research studies, usually from the points of view of research design or review, rather than from practice, patient, or consumer perspectives.

In 1997 the *BMJ* published two studies in which the consent of subjects had not been obtained prospectively, and at the same time published critical commentaries on these papers. It then invited two debate papers to argue the question of whether the *BMJ* should refuse to publish papers based on research where the informed consent of the participants had not been obtained, subject to some very stringent rules about exceptional cases. The two papers were written by Len Doyal and Jeffrey Tobias, respectively a Professor of medical ethics and a senior medical oncologist. There followed an unprecedentedly large correspondence on the issue. It was not accidental that 1997 was the 50th anniversary of the Nuremberg doctors' trial and the famous code on human experimentation which was written in its wake.

This book reproduces the controversy from the pages of the *BMJ* in full, which in itself

makes for a useful documentary casebook. What makes this book worthy of wide consideration is the wealth of additional material. Part 1 of the book reproduces the Nuremberg Code and the 1996 version of the Declaration of Helsinki, together with classic material by Henry Beecher and Maurice Pappworth on "human guinea pigs" and some valuable historical articles setting this material in context. Part 2 reproduces the articles and correspondence from the *BMJ*. Part 3 contains reviews of the "state of the art" on informed consent in research in a variety of contexts, including research with children, genetics research and access to patients' records for research purposes. Part 4 reviews the moral role of informed consent and how better to achieve both consent and respect for its importance, in particular through education, consumer involvement and communications skills. The book concludes with closing remarks by the editors.

The reader interested in the complexities of current debates on consent in research will find this a very valuable guide. The chapters are rather brief, which make philosophical depth difficult to achieve. The cumulative effect of reading 32 short articles can be exhaustion and confusion. Taken individually, however, the articles are on the whole very well written and informative. The reader has a sense—unusually in a work of this kind—of an evolving debate and a growth in sensitivity of the contending parties to each others' positions and the rationales underlying them. Some of the articles are likely to be classics in

their own right, and all of them are stimulating. For this reason, the book transcends the "occasional" character of its source material, and is likely to have a long life in the reading lists and the libraries of researchers, doctors, and research ethics committees.

R Ashcroft

NOTICES

Ethics in health care

Oxford Brookes University and Oxford University have collaborated to develop a course which helps health professionals deal with difficult ethical decisions.

The Ethics in Health Care course aims to give people practical skills that can be used in health care decision making. Course participants will increase their ability to analyse and assess arguments, apply ethical concepts to moral dilemmas, and articulate their own values and feelings.

It can be part of MSc programmes offered by both universities or a stand alone module and involves five days of lectures interspersed with workshops and student led seminars. It is based at the University Department for Continuing Education at Wellington Square, Oxford.

For more information please see the website at: <http://www.conted.ox.ac.uk/health/htmlfiles/dentistry/dentfr.htm> or contact Ms Phoebe

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4th Asian Conference of Bioethics: call for papers

The 4th Asian Conference of Bioethics will be held from 22–25 November 2002 at Seoul National University, Seoul, Korea.

The sponsors are: the Asian Bioethics Association, The Korean Bioethics Association, The Korean Society for Medical Ethics Education, The Korean Association of Institutional Review Boards, the International Association of Bioethics, the Japan Association of Bioethics, the Chinese Society for Medical Ethics, the All India Bioethics Association, the Eubios Ethics Institute, and the *Journal of Medical Ethics*.

Proposed paper themes: 1) Bioethics and Asian Cultures; 2) Research Ethics and Protection of Research Subjects; 3) Bioethics and Commercialization; 4) Law and Policies—for example, National Bioethics Commission; 5) Ethical Issues in Assisted Reproduction; 6) Women's Health and Bioethics; 7) Genetics and Human Dignity; 8) Bioethics and Religion; 9) Organ Transplantation and Organ Selling; 10) Environmental Ethics; 11) Death and Dying; 12) Bioethics Education; 13) Prenatal Sex Selection, and 14) Ethics of Stem Cell Research.

Deadline for Papers: 31 October. Format: Microsoft WORD 97 or higher. Language: English. Submissions to: ethics65@netsgo.com For further information please see: <http://www.koreabioethics.org>